

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Caruso and Miles, Ltd.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA Village Inn Pizzeria, Sports Bar & Grill FDBA The Village Inn	
3. Debtor's federal Employer Identification Number (EIN)	36-3717740	
4. Debtor's address	Principal place of business 8050 Lincoln Ave. Skokie, IL 60077 Number, Street, City, State & ZIP Code Cook County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	villageinnpizzeria.com	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor Caruso and Miles, Ltd.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

7225**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor

Caruso and Miles, Ltd.

Name

Case number (if known)

Debtor Caruso and Miles, Ltd.
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☒ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor Caruso and Miles, Ltd.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 22, 2020
MM / DD / YYYY

X /s/ Diana Rumsley
Signature of authorized representative of debtor

Diana Rumsley
Printed name

Title Secretary

18. Signature of attorney

X /s/ Robert R. Benjamin
Signature of attorney for debtor

Date September 22, 2020
MM / DD / YYYY

Robert R. Benjamin
Printed name

Golan Christie Taglia LLP
Firm name

70 W. Madison
Suite 1500
Chicago, IL 60602
Number, Street, City, State & ZIP Code

Contact phone (312) 263-2300

Email address rrbenjamin@gct.law

0170429 IL
Bar number and State

Fill in this information to identify the case:

Debtor name Caruso and Miles, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 22, 2020

X /s/ Diana Rumsley

Signature of individual signing on behalf of debtor

Diana Rumsley

Printed name

Secretary

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Caruso and Miles, Ltd.
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Airgas 1250 Washington St. West Chicago, IL 60185	Tamura Singleton tamura.singleton@airgas.com	Goods and Services	Unliquidated			\$5,857.24
Alphameric Accounting 3940 Touhy Ave. Lincolnwood, IL 60712	damien@alphameric tax.com	Goods and Services	Unliquidated			\$4,110.00
Battaglia Distributing Corp. 2500 S. Ashland Ave. Chicago, IL 60608	davem@battagliafoods.com	Goods and Services	Unliquidated			\$16,647.39
Breakthru Beverage Illinois, LLC P.O. Box 809180 Chicago, IL 60680	Teri Barreto (708) 298-3578	Goods and Services	Unliquidated			\$8,659.79
Capital One P.O. Box 6492 Carol Stream, IL 60197-6492	888-464-3220	Goods and Services	Unliquidated			\$7,444.97
Celtic Bank Corporation 268 S. State St., Suite 300 Salt Lake City, UT 84111	Leslie K. Rinaldi help@celticbank.com (801) 303-1900	Promissory Note	Unliquidated			\$213,101.00
ComEd PO Box 6111 Carol Stream, IL 60197-6111	(630) 684-2692	Utility	Unliquidated			\$2,600.00
Edward Don & Company 9801 Adam Don Parkway Woodridge, IL 60517	(866) 299-3038	Goods and Services	Unliquidated			\$15,279.37

Debtor Caruso and Miles, Ltd.
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Erie Insurance Group 100 Erie Insurance Place Erie, PA 16530	(814) 870-3126	Goods and Services	Unliquidated			\$2,712.25
Home Depot Credit Services PO Box 9001030 Louisville, KY 40290-1030	888-266-7308	Goods and Services	Unliquidated			\$1,741.80
Illinois Casualty Company 225 20th Street Rock Island, IL 61201	Michelle Hanson (309) 793-1707	Insurance	Unliquidated			\$4,752.37
Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664	217-785-2635	Sales Tax	Unliquidated			\$12,463.00
Illinois Lottery 101 West Jefferson Street Springfield, IL 62702	(217) 524-5190	Illinois Lottery ticket sales	Unliquidated			\$5,258.80
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101	855-235-6787	Form 941 Taxes	Unliquidated			\$395,460.09
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101	855-235-6787	Penalties and Interest	Unliquidated			\$27,742.43
Law Office of Michael M. Silbert 222 N. LaSalle St. Suite 300 Chicago, IL 60601	michael_silbert@sbccglobal.net (312) 940-5909	Legal Services	Unliquidated			\$1,810.00
Southern Glazer's of IL 2971 Collection Center Drive Chicago, IL 60693	Terry Brick tbrick@sgws.com	Goods and Services	Unliquidated			\$4,193.42
U.S. Small Business Administration 2 North Street, Suite 320 Birmingham, AL 35203	James E. Rivera, Associate Administrator 205-290-7765	June 6, 2020 Loan Agreement UCC filed 6/15/2020	Unliquidated	\$150,000.00	\$31,230.52	\$118,769.48
Village of Skokie PO Box 309 Skokie, IL 60076	Linda McKinney linda.mckinney@skokie.org	Utility	Unliquidated			\$5,000.00

Debtor Caruso and Miles, Ltd. Case number (if known) _____
Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Wintrust Bank 9700 E. Higgins Rd., Suite 650 Rosemont, IL 60018	bcarey@wintrust.com	Promissory Note	Unliquidated			\$78,669.40

Fill in this information to identify the case:

Debtor name Caruso and Miles, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 31,230.52

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 31,230.52

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 150,000.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 457,918.16

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 381,403.41

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 989,321.57

Fill in this information to identify the case:

Debtor name Caruso and Miles, Ltd.United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$1,200.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of AmericaChecking9243\$446.473.2. North Shore Community BankChecking6097\$15,876.153.3. North Shore Community BankChecking5996\$0.553.4. North Shore Community BankChecking0214\$0.00

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$17,523.17

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.

Debtor Caruso and Miles, Ltd. Case number (If known) _____
Name

☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less: 55.35 - 5.54 = \$49.81
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 2,858.47 - 2,000.93 = \$857.54
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$907.35

Part 4: Investments

13. Does the debtor own any investments?

☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Perishables	<u>September 2020</u>		<u>Liquidation</u>	<u>\$1,250.00</u>
	Liquor/beverage	<u>September 2020</u>		<u>Liquidation</u>	<u>\$750.00</u>

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$2,000.00

24. Is any of the property listed in Part 5 perishable?

☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No
☒ Yes. Book value 0.00 Valuation method Liquidation Current Value 0.00

Debtor Caruso and Miles, Ltd. Case number (If known) _____
Name

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Furniture		Liquidation	\$700.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Kitchen equipment		Liquidation	\$4,300.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$5,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	1985 Chevy P32 stepvan		Liquidation	\$5,000.00

Debtor Caruso and Miles, Ltd. Case number (If known) _____
Name

47.2. 1999 Chevy S10 truck Liquidation \$800.00

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$5,800.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
<u>State of Illinois liquor license</u>	<u>\$0.00</u>		<u>\$0.00</u>
<u>State of Illinois cigarette & tobacco products retailer license</u>	<u>\$0.00</u>		<u>\$0.00</u>
<u>Illinois Lottery retailer license</u>	<u>\$0.00</u>		<u>\$0.00</u>
<u>Skokie food and beverage licenses (Class A)</u>	<u>\$0.00</u>		<u>\$0.00</u>
<u>Skokie amusement license</u>	<u>\$0.00</u>		<u>\$0.00</u>
<u>Skokie patio dining license</u>	<u>\$0.00</u>		<u>\$0.00</u>

Debtor Caruso and Miles, Ltd. Case number (If known) _____
Name

Skokie liquor license \$0.00 \$0.00

Skokie cigarette license \$0.00 \$0.00

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Caruso and Miles, Ltd. Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$17,523.17	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$907.35	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$2,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$5,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$5,800.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$31,230.52	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$31,230.52

Fill in this information to identify the case:

Debtor name Caruso and Miles, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	U.S. Small Business Administration Creditor's Name 2 North Street, Suite 320 Birmingham, AL 35203 Creditor's mailing address Creditor's email address, if known Date debt was incurred 6/6/2020 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien June 6, 2020 Loan Agreement UCC filed 6/15/2020 Describe the lien Economic Injury Disaster Loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$150,000.00	\$31,230.52

2.2	U.S. Small Business Administration Creditor's Name Office of Disaster Assistance 14925 Kingsport Rd. Fort Worth, TX 76155 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien See above Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	See above	See above
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Debtor Caruso and Miles, Ltd. Case number (if known) _____
Name

- ☒ No ☐ Contingent
☐ Yes. Specify each creditor, including this creditor and its relative priority. ☒ Unliquidated
☐ Disputed

2.3 U.S. Small Business Administration Describe debtor's property that is subject to a lien See above See above
Creditor's Name

Attn: James E. Rivera
409 3rd Street, S.W. Suite
6050
Washington, DC 20416

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$150,000.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name Caruso and Miles, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Abel Garcia 1122 Darrow Evanston, IL 60202 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Pre-Petition Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$604.24	\$604.24
2.2	Priority creditor's name and mailing address Arturo Gonzales 5320 N. Harding Ave. Chicago, IL 60624 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Pre-Petition Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$556.20	\$556.20
2.3	Priority creditor's name and mailing address Cameron Rademacher 2453 W. Fillmore St. Apt. 2 Chicago, IL 60612 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Pre-Petition Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189.15	\$189.15

Debtor	Caruso and Miles, Ltd. <small>Name</small>		Case number (if known)
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2.4	Priority creditor's name and mailing address Claudia Benjamin 8110 Knox Ave. Skokie, IL 60076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$67.98	\$67.98
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Colin Brennan 6134 N. Kilbourn Ave. Chicago, IL 60646	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$361.53	\$361.53
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Daniel Huzran 7041 Greenleaf St. Niles, IL 60714	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$332.28	\$332.28
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.7	Priority creditor's name and mailing address Demetrio Garfias 5754 N. Artesian Ave. Apt. 1 Chicago, IL 60659	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,373.40	\$1,373.40
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caruso and Miles, Ltd. <small>Name</small>	Case number (if known) _____
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2.8	Priority creditor's name and mailing address Desi Mulingbayan 4626 Birchwood Ave. Skokie, IL 60076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,624.00	\$2,624.00
Date or dates debt was incurred		Basis for the claim: Pre-Petition Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Diana Rumsley 4626 Birchwood Ave. Skokie, IL 60076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$250.00	\$250.00
Date or dates debt was incurred		Basis for the claim: Pre-Petition Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Earriana Mackey 2545 W. Fitch Ave. Chicago, IL 60645	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$270.14	\$270.14
Date or dates debt was incurred		Basis for the claim: Pre-Petition Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.11	Priority creditor's name and mailing address Elvir Melkic 2737 W. Glenlake Ave. Chicago, IL 60659	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$706.20	\$706.20
Date or dates debt was incurred		Basis for the claim: Pre-Petition Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caruso and Miles, Ltd. <small>Name</small>		Case number (if known)
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2.12	Priority creditor's name and mailing address Emma Lucero 3605 N. Nordica Ave. Chicago, IL 60634	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$226.59	\$226.59
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Eric Dull 5618 N. Marmora Ave. Chicago, IL 60646	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$247.50	\$247.50
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Fatima Hasan 8155 Knox Ave. Apt. 1 Skokie, IL 60076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$283.79	\$283.79
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.15	Priority creditor's name and mailing address Gabriela Graham 6424 N. Ridge Blvd. Chicago, IL 60626	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$522.09	\$522.09
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caruso and Miles, Ltd. <small>Name</small>	Case number (if known) _____
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2.16	Priority creditor's name and mailing address Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,463.00	\$12,463.00
	Date or dates debt was incurred August 2020	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Illinois Lottery 101 West Jefferson Street Springfield, IL 62702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,258.80	\$5,258.80
	Date or dates debt was incurred	Basis for the claim: Illinois Lottery ticket sales		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$395,460.09	\$395,460.09
	Date or dates debt was incurred 2013-2019	Basis for the claim: Federal Taxes Form 941		
	Last 4 digits of account number <u>7740</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.19	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$27,742.43	\$27,742.43
	Date or dates debt was incurred 2013-2019	Basis for the claim: Penalties and Interest		
	Last 4 digits of account number <u>7740</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caruso and Miles, Ltd. <small>Name</small>		Case number (if known)
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2.20	Priority creditor's name and mailing address January Kelly 9429 Bay Colony Dr. Unit 1N Des Plaines, IL 60016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$144.06	\$144.06
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Jayvonn Wade 2453 W. Fillmore St. Chicago, IL 60612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$123.66	\$123.66
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Jessica Rodzen 8220 Lawndale Ave. Skokie, IL 60076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$131.95	\$131.95
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.23	Priority creditor's name and mailing address Jorge Najarro 3041 W. Ainslie St. Apt. B Chicago, IL 60625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$253.24	\$253.24
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caruso and Miles, Ltd. <small>Name</small>		Case number (if known)
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2.24	Priority creditor's name and mailing address Jose Benavente 7345 Honore Chicago, IL 60626	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$561.28	\$0.00
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Juan Gomez 9505 Terrace Pl. Des Plaines, IL 60016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$587.73	\$587.73
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Kacee Hudson 4818 N. Magnolia Chicago, IL 60640	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$170.95	\$170.95
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.27	Priority creditor's name and mailing address Kaila Johanson 5135 Lee St. Skokie, IL 60077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$170.95	\$170.95
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caruso and Miles, Ltd. <small>Name</small>		Case number (if known)
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2.28	Priority creditor's name and mailing address Lidia Marcial 4933 Louise St. Apt. 1 Skokie, IL 60077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$771.15	\$771.15
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29	Priority creditor's name and mailing address Lucio Hernandez 2005 N. Kedzie Chicago, IL 60647	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$315.15	\$315.15
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.30	Priority creditor's name and mailing address Luis Mendez 4911 N. Monticello Ave. Chicago, IL 60625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$697.65	\$697.65
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.31	Priority creditor's name and mailing address Maria Ovsepyan 9242 Gross Point Rd. #301 Skokie, IL 60077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$223.80	\$223.80
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caruso and Miles, Ltd. <small>Name</small>		Case number (if known)
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2.32	Priority creditor's name and mailing address Mitchell Pollack 5855 N. Sheridan Rd. Apt. 16G Chicago, IL 60660	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$569.00	\$569.00
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Paul House 8700 Trumbull Ave. Skokie, IL 60076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$548.16	\$548.16
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Ricardo Benitez Gonzalez 1730 N. Keating Ave. Chicago, IL 60639	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$527.40	\$527.40
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.35	Priority creditor's name and mailing address Rigoberto Cardenas 10209 McNerney Dr. Franklin Park, IL 60131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$593.00	\$593.00
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Caruso and Miles, Ltd. <small>Name</small>		Case number (if known)
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2.36	Priority creditor's name and mailing address River Dorsey 1812 Monroe St. Evanston, IL 60202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$406.84	\$406.84
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address Stewart Bresette 8247 Kostner Ave. Skokie, IL 60076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$292.65	\$292.65
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address Takeya Jones 4819 W. Wright Skokie, IL 60077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$900.00	\$900.00
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.39	Priority creditor's name and mailing address Thaddeus Daniel 4151 Howard St. Skokie, IL 60076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$390.13	\$390.13
	Date or dates debt was incurred	Basis for the claim: Pre-Petition Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Caruso and Miles, Ltd. <small>Name</small>	Case number (if known) _____
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3.1	Nonpriority creditor's name and mailing address Airgas 1250 Washington St. West Chicago, IL 60185 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,857.24 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Alphameric Accounting 3940 Touhy Ave. Lincolnwood, IL 60712 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,110.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Battaglia Distributing Corp. 2500 S. Ashland Ave. Chicago, IL 60608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,647.39 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Breakthru Beverage Illinois, LLC P.O. Box 809180 Chicago, IL 60680 Date(s) debt was incurred _____ Last 4 digits of account number <u>2035</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,659.79 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Capital One P.O. Box 6492 Carol Stream, IL 60197-6492 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,444.97 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Celtic Bank Corporation 268 S. State St., Suite 300 Salt Lake City, UT 84111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$213,101.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note - Paycheck Protection Program loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address ComEd PO Box 6111 Carol Stream, IL 60197-6111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,600.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Conquest Pest Solutions 8218 N. McCormick Skokie, IL 60076 Date(s) debt was incurred _____ Last 4 digits of account number <u>0580</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Caruso and Miles, Ltd. <small>Name</small>		Case number (if known)
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3.9	Nonpriority creditor's name and mailing address Crafty Beaver 4810 Oakton Street Skokie, IL 60077 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,209.62
3.10	Nonpriority creditor's name and mailing address Dependable Fire Equipment Inc. 100 Le Baron St. Waukegan, IL 60085 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$581.09
3.11	Nonpriority creditor's name and mailing address Directv PO Box 5007 Carol Stream, IL 60197-5007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.95
3.12	Nonpriority creditor's name and mailing address Edward Don & Company 9801 Adam Don Parkway Woodridge, IL 60517 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,279.37
3.13	Nonpriority creditor's name and mailing address Empire Cooler Service 940 W. Chicago Ave. Chicago, IL 60642 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$335.00
3.14	Nonpriority creditor's name and mailing address Erie Insurance Group 100 Erie Insurance Place Erie, PA 16530 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,712.25
3.15	Nonpriority creditor's name and mailing address Fulton Market 4501 W. 42nd Place Chicago, IL 60632-3925 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.16	Nonpriority creditor's name and mailing address Gonnella PO Box 71499 Chicago, IL 60694-1499 Date(s) debt was incurred _____ Last 4 digits of account number <u>9629</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.20

Debtor	Caruso and Miles, Ltd. <small>Name</small>		Case number (if known)
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3.17	Nonpriority creditor's name and mailing address Home Depot Credit Services PO Box 9001030 Louisville, KY 40290-1030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,741.80
<hr/>			
3.18	Nonpriority creditor's name and mailing address Illinois Casualty Company 225 20th Street Rock Island, IL 61201 Date(s) debt was incurred _____ Last 4 digits of account number <u>7668</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,752.37
<hr/>			
3.19	Nonpriority creditor's name and mailing address Law Office of Michael M. Silbert 222 N. LaSalle St. Suite 300 Chicago, IL 60601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,810.00
<hr/>			
3.20	Nonpriority creditor's name and mailing address Lechner and Sons 420 Kingston Ct. Mount Prospect, IL 60056 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$496.92
<hr/>			
3.21	Nonpriority creditor's name and mailing address Nicor Gas P O Box 5407 Carol Stream, IL 60197-5407 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
<hr/>			
3.22	Nonpriority creditor's name and mailing address RCN PO Box 11816 Newark, NJ 07101-8116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
<hr/>			
3.23	Nonpriority creditor's name and mailing address Retail Control Solutions Inc. 460 Hillside Ave., Lower Level Needham, MA 02494 Date(s) debt was incurred _____ Last 4 digits of account number <u>2548</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$451.38
<hr/>			
3.24	Nonpriority creditor's name and mailing address Skokie Ace Hardware 5035 Oakton St. Skokie, IL 60077 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$214.25

Debtor Caruso and Miles, Ltd. Case number (if known) _____
Name

3.25	Nonpriority creditor's name and mailing address Southern Glazer's of IL 2971 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number <u>8649</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,193.42</u>
3.26	Nonpriority creditor's name and mailing address Square Capital Program c/o Jacqueline D Reses, Manager 1455 Market Street, Suite 600 San Francisco, CA 94103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>See Celtic Bank Corporation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>See Celtic Bank</u>
3.27	Nonpriority creditor's name and mailing address Square Capital Program c/o National Registered Agents, Inc 208 S. LaSalle St., Suite 814 Chicago, IL 60604 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>See Celtic Bank Corporation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>See Celtic Bank</u>
3.28	Nonpriority creditor's name and mailing address United Alarms, Inc. 1854 Johns Dr. Glenview, IL 60025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,358.00</u>
3.29	Nonpriority creditor's name and mailing address Village of Skokie PO Box 309 Skokie, IL 60076 Date(s) debt was incurred _____ Last 4 digits of account number <u>7686</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
3.30	Nonpriority creditor's name and mailing address Wintrust Bank 9700 E. Higgins Rd., Suite 650 Rosemont, IL 60018 Date(s) debt was incurred _____ Last 4 digits of account number <u>0802</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$78,669.40</u>

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	--	---

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	\$	457,918.16
5b. Total claims from Part 2	+ \$	381,403.41

Debtor Caruso and Miles, Ltd.
Name

Case number (if known) _____

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ <u>839,321.57</u>

Fill in this information to identify the case:

Debtor name Caruso and Miles, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1.	State what the contract or lease is for and the nature of the debtor's interest	Lease of 8046-50 Lincoln Avenue and 5109 W. Brown Avenue, Skokie, IL from 9/15/19 to 8/15/24 at \$4,800 per month through August 15, 2021 and \$5,000 per month thereafter.	
	State the term remaining	47 months	8046-50 N. Lincoln Skokie, LLC c/o Pearl Lee 7751 Niles Center Road Skokie, IL 60077
	List the contract number of any government contract	_____	_____

Fill in this information to identify the case:

Debtor name Caruso and Miles, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Randall T. Miles

311 12th Avenue
Indian Rocks Beach, FL 33785

Wintrust Bank

☐ D _____

☒ E/F 3.30

☐ G _____

Fill in this information to identify the case:

Debtor name Caruso and Miles, Ltd.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2020 to Filing Date

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$1,223,774.00

For prior year:
From 1/01/2019 to 12/31/2019

☒ Operating a business

☐ Other _____

\$2,601,581.00

For year before that:
From 1/01/2018 to 12/31/2018

☒ Operating a business

☐ Other _____

\$2,834,185.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor Caruso and Miles, Ltd.

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Battaglia Distributing Corp. 2500 S. Ashland Ave. Chicago, IL 60608	June-September 2020	\$24,074.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.2. Edward Don & Company 9801 Adam Don Parkway Woodridge, IL 60517	June-September 2020	\$17,928.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. Gordon Food Service, Inc. PO Box 2244 Grand Rapids, MI 49501	June-September 2020	\$42,981.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.4. Illinois Department of Revenue PO Box 64338 Chicago, IL 60664	June-September 2020	\$22,440.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>
3.5. Village of Skokie PO Box 309 Skokie, IL 60076	June-September 2020	\$19,107.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.6. 8046-50 N. Lincoln Skokie, LLC c/o Pearl Lee 7751 Niles Center Road Skokie, IL 60077	July-August 2020	\$9,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.7. Sysco Chicago, Inc. 250 Wieboldt Drive Des Plaines, IL 60016-3192	June-September 2020	\$7,248.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.8. Vantiv, Inc. 8500 Governor's Hill Drive Cincinnati, OH 45249	June-September 2020	\$8,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor Caruso and Miles, Ltd.

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Randall T. Miles 311 12th Avenue Indian Rocks Beach, FL 33785 President	September 2019-August 2020	\$106,989.00	Loan repayment

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Debtor Caruso and Miles, Ltd.

Case number (if known)

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	St. Peter's United Church of Christ 8013 Laramie Avenue Skokie, IL 60077	Cash	September 2018-September 2020	\$1,400.00
	Recipients relationship to debtor			
9.2.	Saint Lambert Roman Catholic Church 8148 N. Karlov Ave. Skokie, IL 60076	Cash	August 2019	\$1,360.00
	Recipients relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Golan Christie Taglia LLP 70 W. Madison Suite 1500 Chicago, IL 60602	Attorney Fees	June 2020	\$15,000.00
	Email or website address rrbenjamin@gct.law			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Debtor Caruso and Miles, Ltd.

Case number (if known) _____

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
 - diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☒ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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Debtor Caruso and Miles, Ltd.

Case number (if known)

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. North Shore Community Bank 7800 Lincoln Ave. Skokie, IL 60077	XXXX-6127	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__		\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Dapp Industries 8040 Lincoln Ave. Skokie, IL 60077	Diana Rumsley 4626 Birchwood Ave. Skokie, IL 60076 Desi Mulingbayan 4626 Birchwood Ave. Skokie, IL 60076	Restaurant equipment	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Lola Delic 8030 Floral Ave. Skokie, IL 60077	Diana Rumsley 4626 Birchwood Ave. Skokie, IL 60076 Desi Mulingbayan 4626 Birchwood Ave. Skokie, IL 60076	Restuarant tables & chairs	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Debtor Caruso and Miles, Ltd.

Case number (if known) _____

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Alphameric Accounting 3940 Touhy Ave. Lincolnwood, IL 60712	2018-Present
26a.2. It's Not Sheet Rock, LLC 574 Prairie Center Drive Ste. 135-117 Eden Prairie, MN 55344	July 2020-Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

Debtor Caruso and Miles, Ltd.

Case number (if known) _____

☒ None**Name and address****If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Randall T. Miles	311 12th Avenue Indian Rocks Beach, FL 33785	President	1
Diana Rumsley	4626 Birchwood Ave. Skokie, IL 60076	Secretary	99

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Diana Rumsley 4626 Birchwood Ave. Skokie, IL 60076	\$10,900.00	September 2019-September 2020	Wages
Relationship to debtor Secretary			

Debtor Caruso and Miles, Ltd.

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	Randall T. Miles 311 12th Avenue Indian Rocks Beach, FL 33785	\$134,500.00; see also Statement of Financial Affairs #4	September 2019-June 2020	Wages
	Relationship to debtor President			
30.3	Desi Mulingbayan 4626 Birchwood Ave. Skokie, IL 60076	\$37,450.00	September 2019-September 2020	Wages
	Relationship to debtor Manager			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 22, 2020

/s/ Diana Rumsley
 Signature of individual signing on behalf of the debtor

Diana Rumsley
 Printed name

Position or relationship to debtor Secretary

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
Northern District of Illinois**

In re Caruso and Miles, Ltd.

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Diana Rumsley 4626 Birchwood Ave. Skokie, IL 60076	Common	99%	
Randall T. Miles 311 12th Ave. Indian Rocks Beach, FL 33785	Common	1%	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Secretary of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date September 22, 2020

Signature /s/ Diana Rumsley
Diana Rumsley

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Northern District of Illinois**

In re Caruso and Miles, Ltd. Debtor(s) Case No. 11
Chapter 11

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 74

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 22, 2020

/s/ Diana Rumsley
Diana Rumsley/Secretary
Signer/Title

8046-50 N. Lincoln Skokie, LLC
c/o Pearl Lee
7751 Niles Center Road
Skokie, IL 60077

Abel Garcia
1122 Darrow
Evanston, IL 60202

Airgas
1250 Washington St.
West Chicago, IL 60185

Alphameric Accounting
3940 Touhy Ave.
Lincolnwood, IL 60712

Arturo Gonzales
5320 N. Harding Ave.
Chicago, IL 60624

Battaglia Distributing Corp.
2500 S. Ashland Ave.
Chicago, IL 60608

Breakthru Beverage Illinois, LLC
P.O. Box 809180
Chicago, IL 60680

Cameron Rademacher
2453 W. Fillmore St.
Apt. 2
Chicago, IL 60612

Capital One
P.O. Box 6492
Carol Stream, IL 60197-6492

Celtic Bank Corporation
268 S. State St., Suite 300
Salt Lake City, UT 84111

Claudia Benjamin
8110 Knox Ave.
Skokie, IL 60076

Colin Brennan
6134 N. Kilbourn Ave.
Chicago, IL 60646

ComEd
PO Box 6111
Carol Stream, IL 60197-6111

Conquest Pest Solutions
8218 N. McCormick
Skokie, IL 60076

Crafty Beaver
4810 Oakton Street
Skokie, IL 60077

Daniel Huzran
7041 Greenleaf St.
Niles, IL 60714

Demetrio Garfias
5754 N. Artesian Ave.
Apt. 1
Chicago, IL 60659

Dependable Fire Equipment Inc.
100 Le Baron St.
Waukegan, IL 60085

Desi Mulingbayan
4626 Birchwood Ave.
Skokie, IL 60076

Diana Rumsley
4626 Birchwood Ave.
Skokie, IL 60076

Directv
PO Box 5007
Carol Stream, IL 60197-5007

Earriana Mackey
2545 W. Fitch Ave.
Chicago, IL 60645

Edward Don & Company
9801 Adam Don Parkway
Woodridge, IL 60517

Elvir Melkic
2737 W. Glenlake Ave.
Chicago, IL 60659

Emma Lucero
3605 N. Nordica Ave.
Chicago, IL 60634

Empire Cooler Service
940 W. Chicago Ave.
Chicago, IL 60642

Eric Dull
5618 N. Marmora Ave.
Chicago, IL 60646

Erie Insurance Group
100 Erie Insurance Place
Erie, PA 16530

Fatima Hasan
8155 Knox Ave.
Apt. 1
Skokie, IL 60076

Fulton Market
4501 W. 42nd Place
Chicago, IL 60632-3925

Gabriela Graham
6424 N. Ridge Blvd.
Chicago, IL 60626

Gonnella
PO Box 71499
Chicago, IL 60694-1499

Home Depot Credit Services
PO Box 9001030
Louisville, KY 40290-1030

Illinois Casualty Company
225 20th Street
Rock Island, IL 61201

Illinois Department of Revenue
Bankruptcy Section
PO Box 64338
Chicago, IL 60664

Illinois Lottery
101 West Jefferson Street
Springfield, IL 62702

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

January Kelly
9429 Bay Colony Dr.
Unit 1N
Des Plaines, IL 60016

Jayvonn Wade
2453 W. Fillmore St.
Chicago, IL 60612

Jessica Rodzen
8220 Lawndale Ave.
Skokie, IL 60076

Jorge Najarro
3041 W. Ainslie St.
Apt. B
Chicago, IL 60625

Jose Benavente
7345 Honore
Chicago, IL 60626

Juan Gomez
9505 Terrace Pl.
Des Plaines, IL 60016

Kacee Hudson
4818 N. Magnolia
Chicago, IL 60640

Kaila Johanson
5135 Lee St.
Skokie, IL 60077

Law Office of Michael M. Silbert
222 N. LaSalle St.
Suite 300
Chicago, IL 60601

Lechner and Sons
420 Kingston Ct.
Mount Prospect, IL 60056

Lidia Marcial
4933 Louise St.
Apt. 1
Skokie, IL 60077

Lucio Hernandez
2005 N. Kedzie
Chicago, IL 60647

Luis Mendez
4911 N. Monticello Ave.
Chicago, IL 60625

Maria Ovsepyan
9242 Gross Point Rd.
#301
Skokie, IL 60077

Mitchell Pollack
5855 N. Sheridan Rd.
Apt. 16G
Chicago, IL 60660

Nicor Gas
P O Box 5407
Carol Stream, IL 60197-5407

Paul House
8700 Trumball Ave.
Skokie, IL 60076

Randall T. Miles
311 12th Avenue
Indian Rocks Beach, FL 33785

RCN
PO Box 11816
Newark, NJ 07101-8116

Retail Control Solutions Inc.
460 Hillside Ave., Lower Level
Needham, MA 02494

Ricardo Benitez Gonzalez
1730 N. Keating Ave.
Chicago, IL 60639

Rigoberto Cardenas
10209 McNerney Dr.
Franklin Park, IL 60131

River Dorsey
1812 Monroe St.
Evanston, IL 60202

Skokie Ace Hardware
5035 Oakton St.
Skokie, IL 60077

Southern Glazer's of IL
2971 Collection Center Drive
Chicago, IL 60693

Square Capital Program
c/o Jacqueline D Reses, Manager
1455 Market Street, Suite 600
San Francisco, CA 94103

Square Capital Program
c/o National Registered Agents, Inc
208 S. LaSalle St., Suite 814
Chicago, IL 60604

Stewart Bresette
8247 Kostner Ave.
Skokie, IL 60076

Takeya Jones
4819 W. Wright
Skokie, IL 60077

Thaddeus Daniel
4151 Howard St.
Skokie, IL 60076

U.S. Small Business Administration
2 North Street, Suite 320
Birmingham, AL 35203

U.S. Small Business Administration
Office of Disaster Assistance
14925 Kingsport Rd.
Fort Worth, TX 76155

U.S. Small Business Administration
Attn: James E. Rivera
409 3rd Street, S.W. Suite 6050
Washington, DC 20416

United Alarms, Inc.
1854 Johns Dr.
Glenview, IL 60025

Village of Skokie
PO Box 309
Skokie, IL 60076

Wintrust Bank
9700 E. Higgins Rd., Suite 650
Rosemont, IL 60018

**United States Bankruptcy Court
Northern District of Illinois**

In re Caruso and Miles, Ltd.

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Caruso and Miles, Ltd. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

September 22, 2020

Date

/s/ Robert R. Benjamin

Robert R. Benjamin

Signature of Attorney or Litigant
Counsel for Caruso and Miles, Ltd.
Golan Christie Taglia LLP

70 W. Madison
Suite 1500
Chicago, IL 60602
(312) 263-2300 Fax:(312) 263-0939
rrbenjamin@gct.law

Form 1120-S (2019) CARUSO AND MILES, LTD.

7740

Page 2

Schedule B Other Information (see instructions)

Yes No

1 Check accounting method: a ☒ Cash b ☐ Accrual c ☐ Other (specify) ▶

2 See the instructions and enter the:

a Business activity ▶ RESTAURANTb Product or service... ▶ PREPARED FOOD

3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation

4 At the end of the tax year, did the corporation:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.

(i) Name of Corporation

(ii) Employer Identification Number (if any)

(iii) Country of Incorporation

(iv) Percentage of Stock Owned

(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.

(i) Name of Entity

(ii) Employer Identification Number (if any)

(iii) Type of Entity

(iv) Country of Organization

(v) Maximum % Owned in Profit, Loss, or Capital

5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.

(i) Total shares of restricted stock ▶

(ii) Total shares of non-restricted stock ▶

b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.

(i) Total shares of stock outstanding at the end of the tax year ▶

(ii) Total shares of stock outstanding if all instruments were executed ▶

6 Has this corporation filed, or is it required to file, **Form 8918**, Material Advisor Disclosure Statement, to provide information on any reportable transaction?7 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions ▶ \$

9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions

10 Does the corporation satisfy one or more of the following? See instructions

a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.

b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.

c The corporation is a tax shelter and the corporation has business interest expense.

If "Yes," complete and attach Form 8990.

11 Does the corporation satisfy both of the following conditions?

a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.

b The corporation's total assets at the end of the tax year were less than \$250,000.

If "Yes," the corporation is not required to complete Schedules L and M-1.

Form 1120-S (2019) CARUSO AND MILES, LTD.

7740

Page 3

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction. ▶ \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions.		X
14a	Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?		X
b	If "Yes," did the corporation file or will it file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 14. ▶ \$ _____		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	28,958.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions)	10	
	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)	
	d Other deductions (see instructions) .. Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instrs) Type ▶	13d	
	e Other rental credits (see instrs) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions)	13g	15,903.
	14a Name of country or U.S. possession	14a	
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
Foreign Transactions	Foreign gross income sourced at corporate level		
	d Reserved for future use	14d	
	e Foreign branch category	14e	
	f Passive category	14f	
	g General category	14g	
	h Other (attach statement)	14h	
	Deductions allocated and apportioned at shareholder level		
	i Interest expense	14i	
	j Other	14j	
	Deductions allocated and apportioned at corporate level to foreign source income		
	k Reserved for future use	14k	
	l Foreign branch category	14l	
	m Passive category	14m	
	n General category	14n	
	o Other (attach statement)	14o	
	Other information		
	p Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14p	
	q Reduction in taxes available for credit (attach statement)	14q	
r Other foreign tax information (attach statement)			

Form 1120-S (2019) CARUSO AND MILES, LTD.

7740

Page 4

Schedule K Shareholders' Pro Rata Share Items (continued)

Total amount

Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	-55.
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties — gross income	15d	
	e Oil, gas, and geothermal properties — deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	23,582.
	d Distributions (attach stmt if required) (see instrs)	16d	
	e Repayment of loans from shareholders	16e	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p.	18	28,958.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		7,356.		268,121.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories		42,470.		42,950.
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach stmt)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	311,238.		311,238.	
b	Less accumulated depreciation	287,948.	23,290.	296,796.	14,442.
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	15,000.		15,000.	
b	Less accumulated amortization		15,000.		15,000.
14	Other assets (attach stmt) See St. 3		2.		
15	Total assets		88,118.		340,513.
Liabilities and Shareholders' Equity					
16	Accounts payable		141,681.		105,823.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach stmt) See St. 4		26,158.		35,380.
19	Loans from shareholders		312,216.		585,871.
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock		1,000.		1,000.
23	Additional paid-in capital		365,000.		365,000.
24	Retained earnings		-532,937.		-527,561.
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock		225,000.		225,000.
27	Total liabilities and shareholders' equity		88,118.		340,513.

Form 1120-S (2019) CARUSO AND MILES, LTD.

7740

Page 5

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books.....	5,376.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest. \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a Depreciation..... \$		a Depreciation ... \$	
b Travel and entertainment. \$	7,679.		
See Statement 5	15,903.	7 Add lines 5 and 6.....	0.
4 Add lines 1 through 3.....	23,582.	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4.	28,958.
	28,958.		

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year.....	-532,937.			
2 Ordinary income from page 1, line 21.....	28,958.			
3 Other additions.....				
4 Loss from page 1, line 21.....				
5 Other reductions..... See Statement 6.....	(23,582.)			
6 Combine lines 1 through 5.....	-527,561.			
7 Distributions.....				
8 Balance at end of tax year. Subtract line 7 from line 6...	-527,561.			

SPSA0134 10/03/19

Form 1120-S (2019)

Form **1125-A**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

- **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
► **Go to www.irs.gov/Form1125A for the latest information.**

OMB No. 1545-0123

Name CARUSO AND MILES, LTD. THE VILLAGE INN		Employer identification number 7740
1	Inventory at beginning of year.....	1 42,470.
2	Purchases.....	2 913,406.
3	Cost of labor.....	3
4	Additional section 263A costs (attach schedule).....	4
5	Other costs (attach schedule).....	5
6	Total. Add lines 1 through 5.....	6 955,876.
7	Inventory at end of year.....	7 42,950.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions.....	8 912,926.
9 a Check all methods used for valuing closing inventory:		
(i) <input checked="" type="checkbox"/> Cost		
(ii) <input type="checkbox"/> Lower of cost or market		
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ► -----		
b Check if there was a writedown of subnormal goods..... ► <input type="checkbox"/>		
c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)..... ► <input type="checkbox"/>		
d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO..... 9d		
e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

BAA For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2018)

671119

Schedule K-1
(Form 1120-S)Department of the Treasury
Internal Revenue Service

For calendar year 2019, or tax year

beginning

/ /

ending

/ /

2019☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See page 2 of form and separate instructions.**Part I Information About the Corporation****A** Corporation's employer identification number

7740

B Corporation's name, address, city, state, and ZIP codeCARUSO AND MILES, LTD.
THE VILLAGE INN
8050 LINCOLN AVE
SKOKIE, IL 60077-3610**C** IRS Center where corporation filed return

Kansas City, MO

Part II Information About the Shareholder**D** Shareholder's identifying number

6402

E Shareholder's name, address, city, state, and ZIP codeRANDALL T. MILES
4831 KIRK ST.
SKOKIE, IL 60077-3026**F** Shareholder's percentage of stock ownership for tax year.

90 %

FOR
IRS
USE
ONLY**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	26,062.	N	14,313.
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5 a	Ordinary dividends		
5 b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8 a	Net long-term capital gain (loss)		
8 b	Collectibles (28%) gain (loss)		
8 c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	-50.
11	Section 179 deduction	16	Items affecting shareholder basis
		C	21,224.
12	Other deductions		
		17	Other information
		V*	STMT
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		
*See attached statement for additional information			

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 17, Code V)

Pass-through entity's name: CARUSO AND MILES, LTD.	Pass-through entity's EIN: 7740
Shareholder's name: RANDALL T. MILES	Shareholder's identifying number: 6402

Shareholder's share of:	CARUSO AND MILES, LTD.		
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to shareholder-specific determinations:

	Ordinary business income (loss)	26,062.		
	Rental income (loss)			
	Royalty income (loss)			
	Section 1231 gain (loss)			
	Other income (loss)			
	Section 179 deduction			
	Charitable contributions			
	Other deductions			
W-2 wages		733,344.		
UBIA of qualified property		165,557.		
Section 199A dividends				

Shareholder's share of:			
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to shareholder-specific determinations:

	Ordinary business income (loss)			
	Rental income (loss)			
	Royalty income (loss)			
	Section 1231 gain (loss)			
	Other income (loss)			
	Section 179 deduction			
	Charitable contributions			
	Other deductions			
W-2 wages				
UBIA of qualified property				

671119

Schedule K-1
(Form 1120-S)Department of the Treasury
Internal Revenue Service

For calendar year 2019, or tax year

beginning

/ /

ending

/ /

2019☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See page 2 of form and separate instructions.**Part I Information About the Corporation****A** Corporation's employer identification number

7740

B Corporation's name, address, city, state, and ZIP codeCARUSO AND MILES, LTD.
THE VILLAGE INN
8050 LINCOLN AVE
SKOKIE, IL 60077-3610**C** IRS Center where corporation filed return

Kansas City, MO

Part II Information About the Shareholder**D** Shareholder's identifying number

7675

E Shareholder's name, address, city, state, and ZIP codeDIANA RUMSLEY
5232 RUMMEL ST
SKOKIE, IL 60077**F** Shareholder's percentage of stock
ownership for tax year.

10 %

FOR
IRS
USE
ONLY**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	2,896.	N	1,590.
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	-5.
11	Section 179 deduction	16	Items affecting shareholder basis
		C	2,358.
12	Other deductions		
		17	Other information
		V*	STMT
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 17, Code V)

Pass-through entity's name: CARUSO AND MILES, LTD.	Pass-through entity's EIN: 7740
Shareholder's name: DIANA RUMSLEY	Shareholder's identifying number: 7675

Shareholder's share of:	CARUSO AND MILES, LTD.		
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to shareholder-specific determinations:

	Ordinary business income (loss)	2,896.		
	Rental income (loss)			
	Royalty income (loss)			
	Section 1231 gain (loss)			
	Other income (loss)			
	Section 179 deduction.			
	Charitable contributions			
	Other deductions.			
W-2 wages		81,483.		
UBIA of qualified property		18,395.		
Section 199A dividends				

Shareholder's share of:			
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to shareholder-specific determinations:

	Ordinary business income (loss)			
	Rental income (loss)			
	Royalty income (loss)			
	Section 1231 gain (loss)			
	Other income (loss)			
	Section 179 deduction			
	Charitable contributions			
	Other deductions			
W-2 wages				
UBIA of qualified property				

OMB No. 1545-0123

► Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

Employer identification number
[REDACTED] 7740

[illegible]

2	Total compensation of officers	33,800.
3	Compensation of officers claimed on Form 1125-A or elsewhere on return	
4	Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return.	33,800.

Form 1125-E (Rev 10-2016)

Form **8846**

**Credit for Employer Social Security and Medicare Taxes
Paid on Certain Employee Tips**

OMB No. 1545-0123

2019

Attachment
Sequence No. **98**

Department of the Treasury
Internal Revenue Service

► **Attach to your tax return.**
► **Go to www.irs.gov/Form8846 for the latest information.**

Name(s) shown on return

Identifying number

CARUSO AND MILES, LTD.

7740

Note: Claim this credit **only** for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.

1	Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions).....	1	208,062.
2	Tips not subject to the credit provisions (see instructions).....	2	183.
3	Creditable tips. Subtract line 2 from line 1.....	3	207,879.
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$132,900, see instructions and check here. ► <input type="checkbox"/>	4	15,903.
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations.....	5	
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f.....	6	15,903.

BAA For Paperwork Reduction Act Notice, see instructions.

FDIZ3101L 11/6/19

Form **8846** (2019)

2019

Federal Statements

Page 1

CARUSO AND MILES, LTD.

7740

Statement 1
Form 1120S, Line 19
Other Deductions

ACCOUNTING.....	\$	13,200.
AUTO AND TRUCK EXPENSE.....		11,444.
BANK CHARGES.....		16,482.
BOOKS AND PUBLICATIONS.....		30.
CLEANING.....		400.
CREDIT CARD FEES.....		35,738.
CUTLERY.....		3,001.
DISPOSAL.....		7,354.
DUES & SUBSCRIPTIONS.....		21,587.
EDUCATION.....		451.
EQUIPMENT LEASE.....		2,888.
EXTERMINATOR.....		1,350.
FESTIVALS.....		13,053.
INSURANCE.....		41,701.
LEGAL.....		2,000.
LICENSES & FEES.....		1,921.
LINEN.....		427.
Meals.....		7,680.
OFFICE EXPENSES.....		22,970.
OUTSIDE SERVICES.....		29,252.
PLANTS.....		276.
PRINTING.....		5,086.
SECURITY.....		808.
STORAGE RENTAL.....		600.
SUPPLIES.....		8,561.
TELEPHONE.....		12,966.
UNIFORMS.....		6,103.
UTILITIES.....		58,099.
Total	\$	<u>325,428.</u>

Statement 2
Form 1120S, Schedule K, Line 13g
Other Credits

Credit for Employer SS Tax on Certain Employee Tips.....	\$	15,903.
Total	\$	<u>15,903.</u>

Statement 3
Form 1120S, Schedule L, Line 14
Other Assets

	Beginning	Ending
Rounding.....	\$ 2.	\$ 0.
Total	<u>\$ 2.</u>	<u>\$ 0.</u>

2019

Federal Statements

Page 2

CARUSO AND MILES, LTD.

7740

Statement 4
Form 1120S, Schedule L, Line 18
Other Current Liabilities

	Beginning	Ending
CAPITAL ONE.....	\$ 0.	\$ 8,164.
CITY SALES TAX PAYABLE.....	4,216.	3,980.
FED UNEMPLOYMRNT TAX.....	261.	278.
HOME DEPOT.....	0.	2,203.
SALES TAX PAYABLE.....	21,227.	20,041.
STATE UNEMPLOYMENT TAX.....	454.	714.
Total	\$ 26,158.	\$ 35,380.

Statement 5
Form 1120S, Schedule M-1, Line 3
Expenses On Books Not On Schedule K

Payroll Taxes for Employer SS Tax on Tips Credit.....	\$ 15,903.
Total	\$ 15,903.

Statement 6
Form 1120S, Schedule M-2, Column A, Line 5
Other Reductions

Disallowed Meals and Entertainment.....	\$ 7,679.
Payroll Taxes for Employer SS Tax on Tips Credit.....	15,903.
Total	\$ 23,582.